

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

FOR OFFICIAL USE ONLY –  
DO NOT WRITE IN THIS SPACE

**DRAFT**

**UST Line Tightness Test**

Date Form Completed	/ /		
<b>1. UST Facility Information</b>			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Physical Phone	Phone: ( ) -	Alternate Phone: ( ) -	
<b>2. UST System Owner Information</b>			
UST System Owner Name			
UST System Owner Contact Information	Phone: ( ) -	Email:	
<b>3. Tester Information</b>			
Name of Person Performing Test			
Certification / License Number			
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other (specify): _____		
Contact Information	Phone: ( ) -	Email:	
Company Name			
Company Mailing Address	Street Address:		
	City:	State:	Zip Code: -
<b>4. Test Information</b>			
Test Date	/ /		
Next Test Date Due By	/ /		
Reason for Test (mark only one)	<input type="checkbox"/> New Install (within 30 days from bringing into service) <input type="checkbox"/> Routine – Annual (every 12 months)		
	<input type="checkbox"/> Repair (within 30 days) <input type="checkbox"/> Routine – Tri-Annual (every 36 months)		
	<input type="checkbox"/> Suspected Release – Incident #: _____ <input type="checkbox"/> DEP Directed (specify): _____		
<b>5. Piping Information</b>			
Material	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible Thermoplastic <input type="checkbox"/> Semi-Rigid		
Configuration	<input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall		
Manufacturer / Model	Manufacturer:	Model:	
Type	<input type="checkbox"/> Pressurized <input type="checkbox"/> Suction		
Release Detection Method	<input type="checkbox"/> ELLD <sup>1</sup> <input type="checkbox"/> SIR <sup>2</sup> <input type="checkbox"/> Interstitial Monitoring <input type="checkbox"/> Annual Line Tightness Testing		
	Other (specify): _____		

<sup>1</sup> ELLD – Electronic line leak detector

<sup>2</sup> SIR – Statistical inventory reconciliation

[illegible]

7. Line Tightness Test Data												
Line Number	Product Type	Time (military)	Pressure (psi)		Volume (gal)			Results		Secondary Containment Results		
			Before	After	Before	After	Net Change					
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A
Comments (e.g., repairs, retests, or unusual operating conditions)												

8. Certification				
<input type="checkbox"/> Check here if the person completing the form is the same as the tester named in the tester certification below.				
Name of Person Completing Form		Date Completed		/ /
Email		Phone Number		( ) -
I certify that testing was performed in accordance with the appropriate code of practice. I further certify that all the information provided on this document is true, accurate, and complete.				
Tester Certification	Printed			Date / /
	Signature			
	License #		License Expiration Date	/ /
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <a href="http://waste.ky.gov/ust">http://waste.ky.gov/ust</a> . For copies of facility records please visit <a href="http://eec.ky.gov/pages/openrecords.aspx">http://eec.ky.gov/pages/openrecords.aspx</a> or email <a href="mailto:DEP.KORA@ky.gov">DEP.KORA@ky.gov</a> .				